2002/010

MAR 1 4 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re:

Frank Olschewski et al.

Confirmation No:

Serial No:

09/683,795

Group:

2671

5943

Filed:

February 15, 2002

Examiner:

Sealey, Lance

W.

For:

Method and Arrangement for

Imaging and Measuring Microscopic

Three-Dimensional Structures

Customer No.:

29127

Attorney

21295.41

Docket No.

AMENDMENT AND RESPONSE

VIA FACSIMILE: 703-872-9306 Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

In response to the pending Office Action, mailed December 14, 2004 (Paper No. 1), please amend the above-captioned application as follows:

-amendments to the claims are reflected in the listing of claims in section a); and

Finally, reconsideration is requested in view of the remarks set forth in section b).

03/28/2005 KHARLING 00000003 502233 09683795

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Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001 タレスタケーイと												
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMAL TYPE	SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			18				RAT	Έ	FEE	1	RATE	FEE
FOR			NUMBER FILED		'NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			, g² minus 20=		*		X\$ 9) =		OR	X\$18=	
INDEPENDENT CLAIMS			~mi	nus 3 =	*		X42	=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+140)=		OR	+280=	
* If the difference in column 1 is le			ess than zero, enter "0" in column 2				TOTA			OR	TOTAL	740
CLAIMS AS AMENDED - PART II								ENTITY	OR	OTHER SMALL I	THAN	
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A ME	ndependent	• 2	Minus	*** (3	= /	X42	-		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140	=		OR	+280=	
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(Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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_1	11.16						TO ADDIT: F			OR	TOTAL ADDIT. FEE	
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AMENDMENT C	· · · · · · · · · · · · · · · · · · ·	CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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AME .	ndependent	* /	Minus	*** (3	- /	X42:	.		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140	_		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." An								AL		ÁP I	TOTAL	
maif	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											